

GR 33 Requests for Reasonable Accommodation for Persons with Disabilities

If you have a disability and believe you may need an accommodation to fully and equally participate in a particular court proceeding or activity, you may request an accommodation.

Accommodation requests are granted to any qualified person with a disability for whom an accommodation is reasonable and necessary under the Americans with Disabilities Act of 1990 (ADA), or under Washington State Court General Rule (GR) 33. A request will be granted unless it would:

- Be an undue financial or administrative burden
- Fundamentally alter the court proceeding, or
- Threaten someone's safety or well-being.

You may be required to provide additional information for the court to properly evaluate your reasonable accommodation request. If medical and other health information is requested, it will be sealed. The submitter may also ask the court to seal the documents. Generally, five-day advance notice is required to review reasonable accommodation requests. However, a response to an immediate need for accommodation will be provided to the fullest extent possible.

Instructions for completing Reasonable Accommodation Form

Line 1: Fill in the Case Number and Name if applicable or known.

Line 2: Fill in your name, address, phone number and e-mail.

Line 3: Identify your specific interest or participation in the proceeding.

- Check "Petitioner/Plaintiff" if you are the person initiating or starting a case.
- Check "Defendant/Respondent" if you are the person against whom the case or action is brought or the accused.
- Check "Other" if you are not a participant in a case. ("Other" includes but is not limited to court observer, interested persons such as guardian ad litem, or interpreter).

Line 4: Enter date(s) of the court proceeding(s). If not known, once a hearing is scheduled, contact the Access Coordinator and provide the date.

Line 5: State the nature of your functional limitation. Explain what you need to participate in the court proceeding(s), such as sign language interpreter, assistive listening device, note-taker, reader, removal of physical barriers, guardian ad litem, appointed counsel (for persons with mental or cognitive disabilities). If you are unsure about the accommodation you need, describe how your disability affects you. Example, "I may have a problem understanding the proceedings and remembering information, due to a stroke. I may need more explanation or extra time to answer questions".

Line 6: Include other information that will help the court evaluate your request.

Line 7: Please check the box which indicates the best way to contact you.

Sign and print your name and fill in the date you sign the request. Send it to Linda Ridge, Superior Court's Access Coordinator. Linda can be reached at (206) 205-2582, linda.ridge@kingcounty.gov, or 516 Third Avenue, Room C-203, Seattle, Washington, 98104.

<p>To request these materials in alternative formats or if you require assistance filling out this form, contact the Court Access Coordinator.</p>
--



King County

REQUEST FOR REASONABLE ACCOMMODATION

1. Case No: _____ Date: _____

Case Name: _____

2. Name of Person Requesting: _____

Address: _____ Phone No.: _____
(Mailing Address) (Area Code, Phone Number)

(City, State, Zip Code) E-mail: _____

3. I am participating in a court proceeding/activity as a (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Petitioner/Plaintiff | <input type="checkbox"/> Defendant/Respondent |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Witness |
| <input type="checkbox"/> Juror | <input type="checkbox"/> Judicial Officer |
| <input type="checkbox"/> Other (specify interest in or connection to proceeding, if any) | |

_____.

4. List all known dates/times the accommodation(s) are needed (specify):

_____.

5. What accommodation(s) do you need and how will it let you participate in Court?

_____.

_____.

6. Please provide any information that would help the court respond to your request.

_____.

7. How do you want to be informed of the status of your request for accommodation?

- ☐ Phone ☐ Mail ☐ E-mail ☐ In person ☐ Other (specify):

_____.

Date: _____

(Signature of Person Requesting)

(Print Name of Person Requesting)